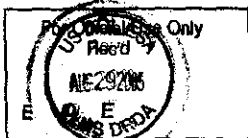


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>3753</b>	2. Fiscal Year Covered From: <b>5</b> / <b>1</b> / <b>2004</b> Through: <b>4</b> / <b>30</b> / <b>2005</b>
3. Name and address of person filing. Name <b>FRANKLIN</b> <b>B</b> <b>MEVIS</b> P.O. Box, Bldg., Room No., if any Street <b>10744 U.S. HWY 27 S. #218</b> City <b>FORT WAYNE</b> State <b>INDIANA</b> ZIP Code + 4 <b>46816</b>	4. Name, file number, and address of labor organization. Name <b>I.U.P.A.T. / D.C. 91 / LOCAL 469</b> Labor Organization File Number <b>40237</b> P.O. Box, Building and Room Number, if any Street <b>3626 NORTH WELLS STREET</b> City <b>FORT WAYNE</b> State <b>INDIANA</b> ZIP Code + 4 <b>46808-4005</b>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Franklin B. Mevis*

On

**11-15-05**

Date

**260-639-0328**

Telephone Number

Name of Person Filing

File Number U-

3753

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to; or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAINTERS APPRENTICESHIP TRUST

Trade Name, if any: PAINTERS J.A.T.C.

P.O. Box, Bldg., Room No., if any

Street 3626 N. WELLS STREET

City FORT WAYNE

State INDIANA ZIP Code + 4 46808-4005

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAINTERS APPRENTICESHIP TRUST

Trade Name, if any: PAINTERS J.A.T.C.

P.O. Box, Bldg., Room No., if any

Street 3626 N. WELLS STREET

City FORT WAYNE

State INDIANA ZIP Code + 4 46808-4005

11.a. Nature of such dealing.

WAGES TO TEACH APPRENTICES & JOURNEYMAN  
HOTEL & EXPENSES TO ATTEND CLASSES FOR  
INSTRUCTOR TRAINING

11.b. Approximate dollar value of such dealing.

UNASCERTAINABLE

12.a. Nature of interest held or income received.

WAGES	CASH	2529.47
EXPENSE MONEY	CASH	250.00
HOTELS	CASH	539.55

12.b. Amount.

3319.02

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

August 15, 2005

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

**RE: Form LM-30 (1/1/04 – 12/31/04)**

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of May 1, 2004 to April 30, 2005. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of May 1, 2004 to April 30, 2005, I will immediately file an amended Form LM-30.